

November 5, 2007

## **Attachment A**

### **Materials requested from behavioral health organizations**

#### ***Instructions***

The purpose of this request is to capture preliminary information necessary to perform a review of your Local Management Entity (LME). For Attachment A: policies, procedures and other LME descriptive information, please provide *existing* materials. It is not necessary to create documents in response to this request. Please complete Attachment B, the Excel spreadsheet with the financial and other information listed. Attachment C is a checklist to identify materials your LME is able to provide. Please complete the checklist once you have assembled the materials to indicate if you have the documents requested or if these are not available. All materials, the completed spreadsheet and the checklist must be submitted electronically *by the close of business on December 3, 2007*, to DMHDDSAS and Mercer at the following addresses:

Dick Oliver  
E-mail: [Dick.Oliver@ncmail.net](mailto:Dick.Oliver@ncmail.net)  
Telephone: 919 715 1294

Debra Anderson  
Mercer Government Human Services Consulting  
E-mail: [debra.anderson@mercer.com](mailto:debra.anderson@mercer.com)  
Telephone: 602 522 8579

Should you have any questions, please call Dick Oliver at DMHDDSAS.

Information requirement
<b>General information</b>
<ul style="list-style-type: none"><li>▪ Table of Organization of all administrative/operational structure including the Board of Directors, the names of senior and departmental management and reporting structure separated by LME systems management functions vs. service delivery functions</li><li>▪ Number of full-time equivalents (FTEs) per department by position, identifying licensed clinicians, other clinical staff and non-clinical staff</li><li>▪ List of all vacant positions and a description of their function</li><li>▪ List of all established committees (e.g., Utilization Management (UM), Care Coordination, Quality Improvement (QI), Quality Management(QM), Governance, Finance, etc.) including meeting minutes for each committee (April 2007 – September 2007); please note consumers/family/stakeholder participation in any committee</li><li>▪ Number of individuals and families served by the LME for the past two State fiscal years (2006 and 2007)</li></ul>
<b>Clinical/utilization review</b>
<ul style="list-style-type: none"><li>▪ Written protocols for 24/7 coverage including the procedures for screening, triage and referral, care coordination</li><li>▪ Existing program information for UM and Care Coordination (e.g., policies &amp; procedures, clinical</li></ul>

Information requirement
<p>guidelines) and copy of your Quality Management Plan</p> <ul style="list-style-type: none"> <li>▪ Copy of clinical decision criteria used to identify cases for care coordinator review of quality of care issues and after-care monitoring (if used)</li> <li>▪ Internal LME reports for tracking performance indicators (April 2007 – September 2007)</li> <li>▪ QI, UM and Care Coordination statistical reports, including: <ul style="list-style-type: none"> <li>– Most recent annual report</li> <li>– Reporting of utilization (fee-for-service (FFS) and shadow claims) to the State (April 2007 – September 2007)</li> <li>– Utilization reports by Level of Care (LOC), (e.g., inpatient, residential treatment, outpatient)</li> <li>– Over- and under-utilization of services analysis (e.g., State psychiatric hospital utilization, partial hospitalization or day treatment)</li> <li>– Standard reports generated by the Information System (IS) that are used to coordinate care</li> </ul> </li> <li>▪ Complaints and Grievances reports – monthly and quarterly (April 2007 – September 2007)</li> <li>▪ Documents describing methods used to orient, train and supervise care coordinators and other clinical staff that perform care coordination functions</li> <li>▪ Consumer Satisfaction Survey Reports (2005 and 2006)</li> </ul>
Provider management
<ul style="list-style-type: none"> <li>▪ Documents describing methods used to assess provider network adequacy, including how you monitor provider network access, and copies of any network adequacy assessments for 2005 – 2006</li> <li>▪ The number of provider contracts, by LOC, you have for state funded services</li> <li>▪ Copy of any Access to Care reports (2005 – 2006)</li> <li>▪ Current Provider Manual</li> <li>▪ Documents describing methods used to orient, train and support network providers</li> <li>▪ Provider Satisfaction Survey reports (2005 – 2006)</li> <li>▪ Copy of LME's delegation oversight materials of providers where you retain a fixed cost contract regarding either treatment or eligibility (if applicable)</li> </ul>
Screening, triage and referral (STR)
<ul style="list-style-type: none"> <li>▪ Existing policies, procedures and guidelines showing the process for screening, triage and referral including any existing documentation of the process for consumer entry into the system and coordination with UM (State-Funded and FFS)</li> <li>▪ Existing documentation showing the call tracking and documentation system used to document consumer and provider calls, if available</li> <li>▪ Existing documentation showing your quality review process for assessing consumer and provider calls (i.e., use of silent call monitoring)</li> <li>▪ Call performance statistics (April 2007 – September 2007)</li> <li>▪ Documents describing methods used to orient, train and supervise customer service staff</li> </ul>
Financial/administrative information
<ul style="list-style-type: none"> <li>▪ Annual Business Plan (2007)</li> <li>▪ Annual audited financial statements and management letter for the most recent two years</li> <li>▪ Chart of general ledger expense accounts and a crosswalk mapping these accounts to the LME Financial Reporting Guide, if applicable; include: <ul style="list-style-type: none"> <li>– Account name</li> <li>– Account description: <ul style="list-style-type: none"> <li>▫ 2007 total year-ending balance</li> <li>▫ Designation between medical and administrative expense account</li> <li>▫ Category of Expense classification (i.e., Inpatient, Outpatient, Professional, etc.)</li> </ul> </li> </ul> </li> <li>▪ LME cost allocation schedules and a description of the methodology used for allocating expenses</li> </ul>

### Information requirement

- A list of providers with amounts paid for the most recent audited period and indication of whether the provider is capitated or paid on a FFS basis
- Electronic claims process description (inbound and outbound). This should include what HIPAA transaction formats you are using and a description of the data exchanges processes
- Eligibility determination process (electronic and manual) for inbound and outbound
- Name of the information system (e.g., CMHC, ECHO, etc.) and any sub-systems
- Functionality of your information system(s) (i.e., claims, financial, customer service, clinical)
- Documentation of your process of linking your authorizations to the LME financial records
- Description of how claims/financial adjustments are applied and represented in both claims history, encounter data and financial reporting
- Service authorization processes:
  - Please provide the following information as it relates to the administration of the state and federal funds:
    - Does the LME outsource any portion of its authorization processes?
      - If yes, describe what components are outsourced and what components are maintained in-house
      - If yes, please provide the total cost for outsourcing in 2006
    - Any other applicable information that will help us understand the charges needed to operate the LME's behavioral health (BH) program?
- Description of the process to coordinate claim payments with third party payors
- List of the top 10 – 15 service codes representing 80% of the spending by BH organization
- List of the top 10 providers for each of the top service codes identified previously
- Disaster planning, system backups and recoverability processes
- Description of how system maintenance is performed (internally vs. externally) and how updates to software are implemented (testing processes as well as change control)
- Equipment and systems: provide the following information as it related to the administration of the LME's program:
  - List of any planned system conversions, upgrades or initiatives for SFY 2008 or SFY 2009 and the budgeted cost
- Any other applicable information that will help us understand the IS environment planned changes required to operate the LME program

## **Attachment B**

Please complete the attached spreadsheet titled LME Administrative Expenses and submit the electronic version of the spreadsheet to [Dick.Oliver@ncmail.net](mailto:Dick.Oliver@ncmail.net) and [debra.anderson@mercer.com](mailto:debra.anderson@mercer.com). The expenses, FTEs, and statistical information should be prepared for an annual period ending in correlation to your most recent audited financial statements. The spreadsheet contains the following three worksheets:

- 1) Administrative expenses
- 2) FTEs
- 3) Statistics

# Attachment C – Local Management Entity Data Request Check List

Name of LME:

LME Contact Person and Telephone Number:

Date Completed:

Please submit the materials in the listed order on the checklist. If you included the document, check “Yes”. If the document is not available, check “N/A”. Submit the completed checklist with your documentation. Thank you.

## Checklist for LME Data Request

### General information

Yes _____	N/A _____	Table of Organization of all administrative/operational structure including the Board of Directors, the names of senior and departmental management and reporting structure separated by LME systems management functions vs. service delivery functions
Yes _____	N/A _____	Number of full-time equivalents (FTEs) per department by position, identifying licensed clinicians, other clinical staff and non-clinical staff
Yes _____	N/A _____	List of all vacant positions and a description of their function
Yes _____	N/A _____	List of all established committees (e.g., Utilization Management (UM), Care Coordination, Quality Improvement (QI), Quality Management(QM), Governance, Finance, etc.) including meeting minutes for each committee (April 2007 – September 2007); please note consumers/family/stakeholder participation in any committee
Yes _____	N/A _____	Number of individuals and families served by the LME for the past two State fiscal years (2006 and 2007)

### Clinical/utilization review

Yes _____	N/A _____	Written protocols for 24/7 coverage including the procedures for screening, triage and referral, care coordination
Yes _____	N/A _____	Existing program information for UM and Care Coordination (e.g., policies & procedures, clinical guidelines)
Yes _____	N/A _____	Copy of clinical decision criteria used to identify cases for care coordinator review of quality of care issues and after-care monitoring (if used)
Yes _____	N/A _____	Internal LME reports for tracking performance indicators (April 2007 – September 2007)
Yes _____	N/A _____	QI, UM and Care Coordination statistical reports, including: <ul style="list-style-type: none"> <li>– Most recent annual report</li> <li>– Reporting of utilization (fee-for-service (FFS) and shadow claims) to the State (April 2007 – September 2007)</li> <li>– Utilization reports by Level of Care (LOC), (e.g., inpatient, residential treatment, outpatient)</li> <li>– Over- and under-utilization of services analysis (e.g., State psychiatric hospital utilization, partial hospitalization or day treatment)</li> <li>– Standard reports generated by the Information System (IS) that are used to coordinate care</li> </ul>

### Checklist for LME Data Request

Yes	N/A	Complaints and Grievances reports – monthly and quarterly (April 2007 – September 2007)
Yes	N/A	Documents describing methods used to orient, train and supervise care coordinators and other clinical staff that perform care coordination functions
Yes	N/A	Consumer Satisfaction Survey Reports (2005 and 2006)

### Provider management

Yes	N/A	Documents describing methods used to assess provider network adequacy, including how you monitor provider network access, and copies of any network adequacy assessments for 2005 – 2006
Yes	N/A	The number of provider contracts, by LOC, you have for state funded services
Yes	N/A	Copy of any Access to Care reports (2005 – 2006)
Yes	N/A	Current Provider Manual
Yes	N/A	Documents describing methods used to orient, train and support network providers
Yes	N/A	Provider Satisfaction Survey reports (2005 – 2006)
Yes	N/A	Copy of LME's delegation oversight materials of providers where you retain a fixed cost contract regarding either treatment or eligibility (if applicable)

### Screening, triage and referral (STR)

Yes	N/A	Existing policies, procedures and guidelines showing the process for screening, triage and referral including any existing documentation of the process for consumer entry into the system and coordination with UM (State-Funded and FFS)
Yes	N/A	Existing documentation showing the call tracking and documentation system used to document consumer and provider calls, if available
Yes	N/A	Existing documentation showing your quality review process for assessing consumer and provider calls (i.e., use of silent call monitoring)
Yes	N/A	Call performance statistics (April 2007 – September 2007)
Yes	N/A	Documents describing methods used to orient, train and supervise customer service staff

### Financial/administrative information

Yes	N/A	Annual Business Plan (2007)
Yes	N/A	Annual audited financial statements and management letter for the most recent two years
Yes	N/A	Chart of general ledger expense accounts and a crosswalk mapping these accounts to the LME Financial Reporting Guide, if applicable; include: <ul style="list-style-type: none"> <li>– Account name</li> <li>– Account description: <ul style="list-style-type: none"> <li>▫ 2007 total year-ending balance</li> <li>▫ Designation between medical and administrative expense account</li> </ul> </li> </ul>
Yes	N/A	Category of Expense classification (i.e., Inpatient, Outpatient, Professional, etc.)
		LME cost allocation schedules and a description of the methodology used for allocating expenses

### Checklist for LME Data Request

Yes	N/A	A list of providers with amounts paid for the most recent audited period and indication of whether the provider is capitated or paid on a FFS basis
Yes	N/A	Electronic claims process description (inbound and outbound). This should include what HIPAA transaction formats you are using and a description of the data exchanges processes
Yes	N/A	Eligibility determination process (electronic and manual) for inbound and outbound
Yes	N/A	Name of the information system (e.g., CMHC, ECHO, etc.) and any sub-systems
Yes	N/A	Functionality of your information system(s) (i.e., claims, financial, customer service, clinical)
Yes	N/A	Documentation of your process of linking your authorizations to the LME financial records
Yes	N/A	Description of how claims/financial adjustments are applied and represented in both claims history, encounter data and financial reporting
Yes	N/A	Service authorization processes:
		<ul style="list-style-type: none"> <li>– Please provide the following information as it relates to the administration of the state and federal funds: <ul style="list-style-type: none"> <li>▫ Does the LME outsource any portion of its authorization processes? <ul style="list-style-type: none"> <li>- If yes, describe what components are outsourced and what components are maintained in-house</li> <li>- If yes, please provide the total cost for outsourcing in 2006</li> </ul> </li> </ul> </li> </ul>
		Any other applicable information that will help us understand the charges needed to operate the LME's behavioral health (BH) program?
Yes	N/A	Description of the process to coordinate claim payments with third party payors
Yes	N/A	List of the top 10 – 15 service codes representing 80% of the spending by BH organization
Yes	N/A	List of the top 10 providers for each of the top service codes identified previously
Yes	N/A	Disaster planning, system backups and recoverability processes
Yes	N/A	Description of how system maintenance is performed (internally vs. externally) and how updates to software are implemented (testing processes as well as change control)
Yes	N/A	Equipment and systems: provide the following information as it related to the administration of the LME's program: <ul style="list-style-type: none"> <li>– List of any planned system conversions, upgrades or initiatives for SFY 2008 or SFY 2009 and the budgeted cost</li> </ul>
Yes	N/A	Any other applicable information that will help us understand the IS environment planned changes required to operate the LME program (Please specify)
Yes		Completed Excel Spreadsheet